

## REGISTRAR'S OFFICE

## REQUEST FOR DIPLOMA RE-PRINT

Student Name on University Rec	cords:	
First:	Middle:	Last:
E-mail:	Phone Number:	
Student's ID Number		-
Graduation Date:		
Degree Awarded:	Major: _	
Address to Send Re-print to:		
(or pick-up contact and		
instructions)		
Signature:		
Payment Information		
Effective September 1, 2015 a \$40.00 re-print charge is required for each diploma re-print. Please do not send cash. A credit card or money-order made payable to Jarvis Christian College must accompany your re-print request. Submission of payment is non-refundable. Please be sure that all financial obligations with the college have been settled, as a hold will prevent the release of a diploma.		
	,	
For Office Use Only:		
Processed by:	Date 0	Ordered:
Date Mailed:	Certifi	ed mail #:

Jarvis Christian College ATTN: REGISTRAR'S OFFICE P.O. Box 1470 Hawkins, TX 75765 (903) 730-4890 Phone 903) 769-1282 FAX